

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|-------|
| FEE DETERMINATION | | 67334 | 12/29 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | Jan | 64830 | 1-19 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Date |
|----------|----------|
| Final | 9/3/2004 |
| Original | |
| 1 ✓ | |
| 2 ✓ | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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